



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Manhattan H S	Gallatin	0348

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Craig Morgan

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 10.6

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District	Chair, Board of Trustees	Date
High School District Manhattan H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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INDIVIDUAL TRANSPORTATION CONTRACT

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Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Manhattan Elem	Gallatin	0347
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Angela Haakenson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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Elementary School District Manhattan Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
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Contract #

Elementary District Responsible for Reimbursing the Contract Manhattan Elem	County Gallatin	Legal Entity 0347
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Brent & Leia Miller

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

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Elementary School District Manhattan Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Manhattan Elem	Gallatin	0347
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Cris & Darcy Connerton

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **10** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **4** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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Elementary School District Manhattan Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Manhattan Elem	Gallatin	0347
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

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☐ yes ☐ no

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		Initials
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HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Danelle Biggs

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **13.8** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **3.5** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

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Elementary School District Manhattan Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Manhattan Elem	Gallatin	0347
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

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		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Kortney Foth

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **9** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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Elementary School District Manhattan Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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INDIVIDUAL TRANSPORTATION CONTRACT

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Contract #

Elementary District Responsible for Reimbursing the Contract Manhattan Elem	County Gallatin	Legal Entity 0347
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Linda Blomback

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

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Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

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Elementary School District Manhattan Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Office of Public Instruction
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School Year 2004- 2005
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Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Bozeman H S	Gallatin	0351

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Glenn Bailes

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 3.5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District	Chair, Board of Trustees	Date
High School District Bozeman H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Bozeman H S	Gallatin	0351

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Jeannie Sirls

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District	Chair, Board of Trustees	Date
High School District Bozeman H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Bozeman H S	Gallatin	0351

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Patricia K. Kossler

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 14.3

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District	Chair, Board of Trustees	Date
High School District Bozeman H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Bozeman Elem	Gallatin	0350
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Jeffrey Jorgenson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
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20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Bozeman Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Bozeman Elem	Gallatin	0350
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____

Parent or Guardian Name: (Please Print)

Zuzana Gedeon

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5.7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Bozeman Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Three Forks Elem	Gallatin	0360
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Brent & Tracie Roeder

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Three Forks Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Three Forks Elem	Gallatin	0360
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Dianne Hodges

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary .3 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Three Forks Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Three Forks Elem	Gallatin	0360
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Gayla Sieler

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **10** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Three Forks Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Three Forks Elem	Gallatin	0360
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Johanna Dundas

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **6.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Three Forks Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Three Forks Elem	Gallatin	0360
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Julie Morton

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **10** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Three Forks Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Pass Creek Elem	Gallatin	0362
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Dave Lambrecht

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

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REIMBURSEMENT RATE
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Pass Creek Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Pass Creek Elem	Gallatin	0362
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Dawn Long

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

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REIMBURSEMENT RATE
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(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Pass Creek Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Pass Creek Elem	Gallatin	0362
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Niki Patterson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

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REIMBURSEMENT RATE
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(county name) _____ County, hereinafter referred to as the District(s).

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Pass Creek Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Pass Creek Elem	Gallatin	0362
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Robert D. Miller

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

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REIMBURSEMENT RATE
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Elementary School District Pass Creek Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Pass Creek Elem	Gallatin	0362
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Sarah Mitchell

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Pass Creek Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Pass Creek Elem	Gallatin	0362
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Tam Hedges-morgan

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Pass Creek Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Pass Creek Elem	Gallatin	0362
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Yvonne Siemer

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Pass Creek Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Gallatin Gateway Elem	Gallatin	0364
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Cheryl Thiem

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5.1 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Gallatin Gateway Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

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Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Gallatin Gateway Elem	Gallatin	0364
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Frank Calvin

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 11 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Gallatin Gateway Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

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Contract #

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Gallatin Gateway Elem	Gallatin	0364
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Tricia Ryder

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.4** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

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Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Gallatin Gateway Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
LaMotte Elem	Gallatin	0367
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Andy & Don Bockhahn

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

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Elementary School District LaMotte Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

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Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
LaMotte Elem	Gallatin	0367
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Gerry Graff

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.1** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

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Elementary School District LaMotte Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
LaMotte Elem	Gallatin	0367
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Glenn & Jane Chamberlin

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **7.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District LaMotte Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
LaMotte Elem	Gallatin	0367
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

John & Louise Stevens

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 11 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District LaMotte Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
LaMotte Elem	Gallatin	0367
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Kim Goodwin

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **10.4** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District LaMotte Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
LaMotte Elem	Gallatin	0367
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Mary Ellen Holmes

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **10** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
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Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District LaMotte Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
LaMotte Elem	Gallatin	0367
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Sharon Beck

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **7.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District LaMotte Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
LaMotte Elem	Gallatin	0367
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Shelley Laferr

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **6.6** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District LaMotte Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Belgrade Elem	Gallatin	0368
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Annette Epple-Hafla

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 8 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Belgrade Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Belgrade Elem	Gallatin	0368
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Brenda Schott

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 8 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Belgrade Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Belgrade Elem	Gallatin	0368
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Craig & Kristi May

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

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(county name) _____ County, hereinafter referred to as the District(s).

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Elementary School District Belgrade Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Belgrade Elem	Gallatin	0368
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Dan & Julie Grooms

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 8 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

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Elementary School District Belgrade Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Belgrade Elem	Gallatin	0368
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Darlene Donovan

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

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Elementary School District Belgrade Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Belgrade Elem	Gallatin	0368
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Dawn Smith

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

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Elementary School District Belgrade Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Belgrade Elem	Gallatin	0368
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Debra Fackrell

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

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KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

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Elementary School District Belgrade Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Belgrade Elem	Gallatin	0368
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Embe Bowles

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

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Elementary School District Belgrade Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
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Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
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Contract #

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High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Garth & Kelly Monlux

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 8 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

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Elementary School District Belgrade Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Belgrade Elem	Gallatin	0368
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Gina Welch

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 7 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Belgrade Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Belgrade Elem	Gallatin	0368
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Hollis Lawver

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 8 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

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Elementary School District Belgrade Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Belgrade Elem	Gallatin	0368
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Jason H. Becker

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **10** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Belgrade Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
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PO Box 202501
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Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Belgrade Elem	Gallatin	0368
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Jennifer Klompier

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

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Elementary School District Belgrade Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
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Contract #

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High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

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(If yes, please attach explanation)

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Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Jim Allred

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 8 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

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Elementary School District Belgrade Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Belgrade Elem	Gallatin	0368
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	

Parent or Guardian Name: (Please Print)

Joe & Karen Boyles

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 7 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

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Elementary School District Belgrade Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
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Belgrade Elem	Gallatin	0368
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

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		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Karalee Holm

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

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Deadlines:

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Elementary School District Belgrade Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
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Belgrade Elem	Gallatin	0368
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Kendra White

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Belgrade Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Belgrade Elem	Gallatin	0368
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Linda L. Martinez

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
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20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Belgrade Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Belgrade Elem	Gallatin	0368
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Logan Reddick

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 12 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
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Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Belgrade Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Belgrade Elem	Gallatin	0368
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Lyle & D'Ann Cigler

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

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COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
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Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Belgrade Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Belgrade Elem	Gallatin	0368
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Mike & Karen Hoffman

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 8 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary .6 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

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REIMBURSEMENT RATE
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Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Belgrade Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Belgrade Elem	Gallatin	0368
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Nicholas Ault

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

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COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

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Agreement between parent (parent name) _____, and school district (district name) _____.

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Belgrade Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Belgrade Elem	Gallatin	0368
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Stacie Seifert

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 15 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

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Elementary School District Belgrade Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Belgrade Elem	Gallatin	0368
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Tamara Mobley

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **9** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Belgrade Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Belgrade Elem	Gallatin	0368
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Terem Balbao

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Belgrade Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Malmborg Elem	Gallatin	0370
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Kane & Lin Fischer

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **6** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Malmborg Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
West Yellowstone K-12	Gallatin	0374

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Debra & Dana Griffin

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 5.7

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
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Reimbursement rate is determined by
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Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District	Chair, Board of Trustees	Date
High School District West Yellowstone K-12	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
West Yellowstone K-12	Gallatin	0374

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Denise Zdansky

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 5.7

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

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REIMBURSEMENT RATE
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Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District	Chair, Board of Trustees	Date
High School District West Yellowstone K-12	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
West Yellowstone K-12	Gallatin	0374

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Elizabeth & Travis Watt

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 7.5

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
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Agreement between parent (parent name) _____, and school district (district name) _____.

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Elementary School District	Chair, Board of Trustees	Date
High School District West Yellowstone K-12	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
West Yellowstone K-12	Gallatin	0374

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

JoLynne McDonald

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 8

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
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20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District	Chair, Board of Trustees	Date
High School District West Yellowstone K-12	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
West Yellowstone K-12	Gallatin	0374

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Linda Bell

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 5.5

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District	Chair, Board of Trustees	Date
High School District West Yellowstone K-12	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
West Yellowstone K-12	Gallatin	0374

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Melissa & Greg Hitzler

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 4.9

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District	Chair, Board of Trustees	Date
High School District West Yellowstone K-12	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
West Yellowstone K-12	Gallatin	0374

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Patti Austin

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 4.5

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District	Chair, Board of Trustees	Date
High School District West Yellowstone K-12	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Ophir Elem	Gallatin	0375
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Brantley & Jacquie Persons

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 11 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Ophir Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Ophir Elem	Gallatin	0375
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Chuck & Kris Schommer

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 11 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

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COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Ophir Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract Ophir Elem	County Gallatin	Legal Entity 0375
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	

Parent or Guardian Name: (Please Print)

David Johnson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **8.4** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

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REIMBURSEMENT RATE
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20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Ophir Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Ophir Elem	Gallatin	0375
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Diane Lundsten

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
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20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Ophir Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Ophir Elem	Gallatin	0375
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Eric & Stacy Ossorio

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **0** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **3.2** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Ophir Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Ophir Elem	Gallatin	0375
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Gene & Letisha Smith

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 11.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Ophir Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Ophir Elem	Gallatin	0375
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Jolene Bing

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
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(county name) _____ County, hereinafter referred to as the District(s).

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Ophir Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Ophir Elem	Gallatin	0375
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Josette & Brad Parsch

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 11 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

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REIMBURSEMENT RATE
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Ophir Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Ophir Elem	Gallatin	0375
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Marnie Salminen

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **8.8** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

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Elementary School District Ophir Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Ophir Elem	Gallatin	0375
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Pam & Roger Cantwell

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 8 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

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REIMBURSEMENT RATE
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Agreement between parent (parent name) _____, and school district (district name) _____.

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The parties agree as follows:

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Ophir Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Ophir Elem	Gallatin	0375
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Sam & Don McAndrew

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **16.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

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REIMBURSEMENT RATE
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Elementary School District Ophir Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Ophir Elem	Gallatin	0375
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Sherrill Morris

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **16.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

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Elementary School District Ophir Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Ophir Elem	Gallatin	0375
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Tawnya Garz-Brewer

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **20** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

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CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Ophir Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Amsterdam Elem	Gallatin	0376
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Daniel Kamerman

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.4** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

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- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Amsterdam Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Amsterdam Elem	Gallatin	0376
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Kristiu Stoilov

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **10.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Amsterdam Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Amsterdam Elem	Gallatin	0376
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	

Parent or Guardian Name: (Please Print)

Martin & Jennifer Reese

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5.8** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
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Agreement between parent (parent name) _____, and school district (district name) _____.

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Amsterdam Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Amsterdam Elem	Gallatin	0376
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Michael & Randi Howard

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **6.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

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REIMBURSEMENT RATE
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Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Amsterdam Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Amsterdam Elem	Gallatin	0376
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Ron & Nell Baar

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **6.6** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
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Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Amsterdam Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract Amsterdam Elem	County Gallatin	Legal Entity 0376
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Sharon L. Roe

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.9** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
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Elementary School District Amsterdam Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number